United States District Court

for the

)) Civil Action No. Civ 14-217-RA
,

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

Love, Beal + Nixon, P.C. 6621 N. Meridian Avg. Oklahima City, OK 73116

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Raymond Walker 450282 E 953 rd Vian, OK 74962

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

PATRICK KEANEY

CLERK OF COURT

JUN - 5 2014

Signature of Clerk or Deputy Clerk

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Civil Action No.

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

,	•		
This summons for	(name of individual and title, if any)		
was received by me on (date	2)		
☐ I personally ser	ved the summons on the indivi	idual at <i>(place)</i>	
= 1 postoniany our	To his ballinoid on the many	on (date)	; or
☐ I left the summo	ons at the individual's residence	ce or usual place of abode with (name	e)
		erson of suitable age and discretion	
on (date)		py to the individual's last known ac	
☐ I served the sum	mons on (name of individual)		, who is
designated by law	to accept service of process or	n behalf of (name of organization)	
		On (date)	; or
☐ I returned the su	mmons unexecuted because		; or
Other (specify):	Returned Re	ciept/ Certifie	d Mail
My fees are \$	for travel and \$	for services, for a to	otal of \$ 0.00
l declare under pen	alty of perjury that this inform	nation is true.	
Date: 165wa 1	1	aymond Wal Server's signature	ku
		Printed name and ti	tle
Additional information rega	arding attempted service, etc:	Server's address	E D
		JUN 16 20	14

SENDER: COMPLETE THIS SECTION	CONSTRUCT THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Love, Beal LN, Kon, P.C. L621 N. Meridian AVE	A. Signature B. Received by (Printed Name) C. Date of Delivery A. Signature B. Received by (Printed Name) C. Date of Delivery A. Signature B. Received by (Printed Name) C. Date of Delivery C. Date of Delivery
Oklahoma City, OK 73116	3. Service Type Certified Mail Express Mall Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes
2. Article Number 7013	2630 0000 5197 3188
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1840